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Bib Data Sheet

CONFIRMATION NO. 2466

SERIAL NUMBER 10/791,096	FILING DATE 03/01/2004 RULE	CLASS 438	GROUP ART UNIT 2813	ATTORNEY DOCKET NO. H1840
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** CONTINUING DATA *****

None (H)

** FOREIGN APPLICATIONS *****

None (H)

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/25/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 3	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>				

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TITLE

Contact liner in integrated circuit technology

FILING FEE RECEIVED 856	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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